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ABSTRACT

Counselors working in clinical settings are frequently confronted with clients taking psychotropic medications. Counselors working in non-clinical school and industrial settings are often required to identify clients who need referral for psychopharmacological support. If counselors are to assist their clients in exploring treatment options, it is important for them to acquire a working knowledge of psychopharmacology. In this study, 94 counselor education students from 3 midwestern universities completed questionnaires that addressed their knowledge of psychotropic medication and their attitudes toward these drugs. The majority of the students agreed on the need for specific preparation and coursework in psychopharmacology. A survey was mailed to the program chairs of all 116 Council for Accreditation of Counseling and Related Educational Programs approved programs. From the 53 surveys that were returned, it was determined that the majority of programs offered no specific courses in the use of psychotropic medications. This paper stresses the importance of including such coursework in counselor education programs. (Contains 14 references.) (JDM)

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RUNNING HEAD: Counselors and Psychotropic Medications

Psychotropic Medications: An Investigation of the Knowledge of Counseling Graduate Students and Attitudes Toward Coursework of Counselor Educators

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Abstract

This research examined the attitudes of counselors-in-training towards the use of psychotropic medication in counseling settings. Basic knowledge of psychotropic medication also was assessed. Counselor trainees acknowledged the benefits of psychotropic medications. They also demonstrated a lack of basic knowledge of the uses and limitations of psychopharmacology. The implications for training and practice are discussed.

Psychotropic Medications: An Investigation of the Knowledge of Counseling Graduate Students and Attitudes Toward Coursework of Counselor Educators

The use of psychotropic medication in the treatment of mental illness has dramatically increased in recent years (Hayes, 1997). This stems, in part, from the establishment of treatment efficacy for many types of medications (Ponterotto, 1985). Combined forms of treatment, including psychotherapy and psychopharmacology, are emerging as standards of practice in the treatment of various emotional disorders (Fineberg, 1996; National Institute of Health (NIH), 199). As a result, knowledge of various medications and their side effects is recommended for practicing counselors (Beamish, Granello, Granello, McSteen, & Stone, 1997).

Many clients take some type of psychotropic medication or need such medication. In 1985, Ponterotto suggested that counselors familiarize themselves with psychopharmacology due to the large numbers of clients seen by non-physicians for mental health treatment. Increasingly psychotropic medications are viewed as viable treatment options (Faiver, Eisengart, & Colonna, 2000). Victor (1996) suggests that psychopharmacology is the core treatment modality for most major mental and emotional disorders. Therefore, counselors working in clinical settings are frequently confronted with clients on psychotropic medication (Gitlin, 1996). Counselors working in non-clinical school and industrial settings are often required to identify clients who need referral for psychopharmacological support. (Geroski, Rodgers, & Breen, 1997) If counselors are to assist their clients in exploring their treatment options as recommended by Meyer and Deitsch (1996) then it is important for them to acquire a working knowledge of psychopharmacology.

It has been noted that master's-level counselors, as well as other nonmedical mental health professional working with clients on psychotropic medication lack sufficient training in psychopharmacology ((Bentley, Farmer, & Phillips, 1991; Kratochwill, 1994; West,

Hosie, & Mackey, 1988). Hayes (1997) suggests that this lack of training can be detrimental to the well-being of clients.

Cottone (1992) suggests that counselors take an active role in educating and monitoring their clients who are prescribed medication. Additionally, Hayes (1997) suggests that counselors monitor side effects and help clients decide which are tolerable.

Although the prescription of psychotropic medication is a responsibility beyond the scope of practice of the counseling profession, counselors, more and more, need to have at least minimal basic information on the uses and limitations of psychotropic drugs. In order to deliver the best possible care to clients, counselors need to consider the risks and benefits of psychotropic medications, legal liabilities, and ethical principles, as well as their desire. No empirical data was found that examined the knowledge base or attitudes of counselor trainees towards medication.

The purposes of this study were to explore the attitudes and knowledge of students in counselor education programs regarding the use of psychotropic medications and to examine the status of psychopharmacology training in these programs.

Method

Participants

Counseling education program coordinators and chairpersons.

All 116 Council for Accreditation of Counseling and Related Educational Programs (CACREP) approved programs were mailed a survey form. Fifty-three programs responded for a return rate of nearly fifty percent (46%).

Counseling students.

Ninety-four counselor education students Master's degree students in introductory counseling classes from three midwestern universities completed a separate questionnaire addressing their specific knowledge of psychotropic medication, their experience with them and, their attitude toward them. The majority of respondents were women (79%, n = 74). The mean age for the total group was 32 years.

Instruments and Procedures

Psychopharmacology courses survey for program coordinators and chairs.

A one page survey was developed that requested information regarding the level of programs offered (masters, doctorate, or both) and the availability of optional or required psychopharmacology courses. Two open ended questions were asked regarding the reasons for offering or not offering a course on psychopharmacology and their estimate of the need of their department for such courses.

Program coordinators and department chairs were contacted by mail. They were instructed to return the survey by fax or mail.

Student questionnaire.

An eight item questionnaire was developed to investigated the theoretical orientation, area of concentration, and previous training in psychopharmacology of beginning counselor trainees. The Chairs of three major Midwestern universities were asked to randomly request two counselor educators teaching introductory counseling courses to administer the questionnaires to their classes and return data to the investigators.

Results

Chairpersons of Counselor Education Programs

Fifty-three survey were returned from the Counselor Education Programs for a return rate of 46%. Of these, 60% reported a terminal master's degree (n =32). The majority of programs, 66% (n = 35), indicated that no specific courses in the use of psychotropic medications were offered. The reasons for not offering psychopharmacology courses in the curriculum included: 1) insufficient space in the approved curriculum (46%, n = 16), 2) psychopharmacology courses viewed as unrelated to the field of counseling (20%, n = 7), 3) equivalent courses available (14%, n = 5), 4) lack of staff expertise (9%, n = 3), 5) insufficient support from the educational institution (6%, n = 2), and 6) insufficient numbers of faculty to offer such coursework (6%, n = 2).

Eighteen counselor education programs (34%, n = 18) reported that psychopharmacology course work was required (13%, n = 7) or offered as an option (21%, n = 11). All of these programs were doctoral level except for one terminal master's program. In all cases psychopharmacology coursework was offered based on the belief of counselor educators of the importance of this material for competency as counselors.

When asked what they needed to implement courses in psychopharmacology, chairs and coordinators most frequently argued that they would need an additional space in their curricula (60%, n = 15) or additional faculty (20%, n = 5). Other needs cited included: 1) more faculty training and expertise in psychopharmacology (8%, n = 2), 2) financial support from the educational institution (8%, n = 2), and 3) a demonstrated need for such course work (4%, n = 1).

Student Responses

Thirty-one percent (n = 29) of the trainees were undecided regarding theoretical orientation, 20% (n = 19) claimed to be humanistic or psychodynamic, 19% (n = 18) reported they were cognitive-behavioral i, and 16% (n = 15) stated they were eclectic or holistic. The balance of 14% (n = 13) indicated some other miscellaneous theoretical orientation.

Forty-eight percent (n = 45) of the trainees reported they were interested in community counseling, 32% (n = 30) selected school counseling, 5% (n = 5) were in rehabilitation counseling, and 9% (n= 8) reported specialization in miscellaneous categories including substance abuse, counselor education and corrections. Finally, 6% (n = 6) were undecided on a program of studies.

Regarding previous training in the use of psychotropic medication, a large majority, 86% (n = 81), of students reported no training in psychopharmacology. Nine percent (n = 8) reported in-service training through an employer. Only, 5% (n = 5) of students reported taking a specific college level course in psychopharmacology.

Regarding the students' thinking about the use of psychotropic medication, Table 1, depicts the rank order of responses to the presented items.

Table 1

Students Thinking Regarding Psychotropic Medication by Rank Order of Agreement

Rank	Question
1	I need to have more information about psychotropic medications.
2	I need specific training in psychopharmacology.
3.	I will work with clients taking psychotropic medications.
4.	I would refer a client for psychotropic medication.
5.	I think psychotropic medications are as effective as psychotherapy.
6.	I believe counselors should seek prescription rights for psychotropic medications.
7.	I am prepared to help clients identify adverse side effects from psychotropic medication.
8.	As a counselor I should not get involved in psychopharmacology.

Regarding the students knowledge of psychotropic medications, Table 2 reflects the frequencies of correct answers to the questionnaire.

Table 2.

Percentage of Students Responding Correctly to the Psychotropic Medication Questionnaire by Question

1.	Extra-pyramidal signs (EPS) basically affect: a. Thinking

b. Actions
c. Emotions
*d. Motor Activity (26%)

2. EPS are unwanted effects from:
a. Anxiolytics
*b. Antipsychotics (46%)
c. Hypnotics
d. Antidepressants

3. Prozac is a brand name for:
a. Fluvoxamine
b. Setraline
c. Bupropion
*d. Fluoxetine (37%)

4. Valium (diazepam) is a(n):
a.Antidepressant
*b. Muscle relaxant (38%)
c. Antipsychotic
d. All of the above

5. Amphetamines are used for:
*a. ADHD (36%)
b. Depression
c. Psychosis
d. Complicated bereavement

6. The new SSRI antidepressants start acting:
a. Within two hours
b. Within 12 hours
c. Within 24 hours
*d. Within a week (45%)

7. Which of the following is not an SSRI:
a. Sertraline
b. Paroxetine
*c. Imipramine (39%)
d. Fluvoxamine

8. Which medications are generally used for depression:
a. Stimulants
*b. Tricyclics (42%)
c. Anxiolytics
d. Antipsychotics

Conclusions and Discussion

The appropriate use of psychotropic medications is an essential part of the modern counselors responsibilities. As long as counselors sit as part of clinical multidisciplinary treatment teams, they will be expected to recommend and help implement psychotropic

medications regimens. Psychotropic medications are an essential part of modern clinical mental health treatment for which all members of the supervising treatment team share accountability.

Even in individual private practices, to avoid the use of psychotropic medication when it is indicated is indefensible as such a policy deprives the client of appropriate and effective treatment. To do so based simply upon a lack of interest or training in psychopharmacology is certainly unethical. This will be increasingly true as more and more medications are developed.

Indeed, our data leads us to conclude that a large majority of students and a significant minority of counselor educators agree on the need for specific preparation and coursework in psychopharmacology. Given this, it is difficult for us to understand why such coursework usually is not offered in counseling curricula. We think that this omission leaves the counseling profession, in general, and counselor educators, in particular, vulnerable to criticism for failing students and public alike.

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